

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N99000000917**

1. Entity Name  
**ACTION FOR A BETTER COMMUNITY, INC.**



Principal Place of Business  
**607 PALM AVE APT A  
FT. PIERCE, FL 34982**

Mailing Address  
**607 PALM AVE APT A  
FT. PIERCE, FL 34982**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**



02232004 No Chg-NP CR2E037 (10/03)

4. FEI Number **65-0895095** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

**GARVIN, SHIRLEY  
507 N. 6TH ST.  
FT. PIERCE, FL 34950**

**DO NOT WRITE  
IN THIS SPACE**

9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

UN00000067527  
02/27/04-80003-015 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MIMS, HENRY J JR.  
2612 ROBERT TRENT JONES DRIVE  
ORLANDO, FL 32835**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SPEARS, MARCIA  
16526 CYPRESS BRIDGE DR  
CYPRESS, TX 77427**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GARVIN, SHIRLEY  
507 7TH 6TH ST.  
FT. PIERCE, FL 34950**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DAWTRY, KIMBERLY  
709 CEDAR PLACE  
FORT PIERCE, FL 34950**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEE, PATSY  
707 NTH 1TH ST.  
INVERNESS, FL 34450**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I, ke empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #